

## **Post-Event Summary Report**

**Name of Event:** Mobility for Life: National Conference on Transportation for America's Elders

**Date of Event:** May 23, 2005

**Location of Event:** Community Transportation Association of America (CTAA) EXPO, St. Louis, Missouri

**Number of Persons attending:** Approximately 225 people including a sizable contingent of local older persons

**Sponsoring Organization(s):** Community Transportation Association of America  
AARP and the Beverly Foundation

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### **Priority Issue #1: Medicare Coverage of Non-Emergency Medical Transportation**

**NOTE:** This is a cross-cutting issue which relates to:

**Agenda Topics III. Our Community; IV. Health and Long Term Living; and VI. Marketplace.**

Medical transportation is usually given as the first transportation need of older persons. Medicare, the federal program that provides healthcare for 35 million persons 65 and older, however, provides no coverage for non-emergency medical transportation. It presently authorizes reimbursement for trips made only in ambulances.

This policy has two unfortunate results: ambulances are often used for medical trips that can be provided by less expensive transportation options; and older persons lack access to preventive health care.

In regard to the excessive cost issue, one expert wrote:

“With Medicare ambulance costs now in excess of \$3.3 billion annually, the Medicare legislation’s insistence on the exclusive use of ambulance transportation is driving the program’s costs skyward. A conservative estimate of Medicare’s transportation dollars that are not now being used cost-effectively is \$230 million.

“In 1999, Medicare paid for nearly 4.8 million ambulance trips at an average cost of \$434 per trip. Using an average one-way trip cost for paratransit services of \$16.75, [a higher figure than the average cost in many areas] one could get almost 26 paratransit trips for the cost of one Medicare-reimbursed ambulance trip.”

*Transportation as Foundation for Better Healthcare* by Jon E. Burkhardt, Senior Study Director, Westat, *Community Transportation Magazine*, Winter 2004-2005, pp 14-20 at 17.

Community Transportation Association of America (CTAA)

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The lack of affordable non-emergency medical transportation results in increased use of emergency rooms for non-emergency care. Emergency room care is expensive and its over-use adds to increased cost. The lack of transportation also decreases the opportunities for older persons to access preventive care and health improvement programs.

The best medical services are of little use to those persons who are unable to travel to receive them.

As the baby boomer generation ages and the existence of chronic diseases climbs, non-emergency medical transportation becomes a topic of increasing importance. According to data from the National Center for Chronic Disease Prevention and Health Promotion, chronic diseases affect individuals aged 65 years and older at a greater rate. Such diseases (cancer, diabetes, kidney failure) often require aggressive treatment regimens that are usually done in out-patient facilities so the patient is required to travel to and from the treatment facility on a regular basis. Those trips are arduous for all patients, but residents of sparsely populated spread-out suburbs and rural areas frequently have particularly difficult trips – often having to travel many miles to reach a treatment facility.

Community transportation providers – public transit, private non-profits, faith-based organizations, private for-profits – are striving to fill the vital need for medical transportation that is not considered to be a medical emergency. Their doing so enables older persons to continue living independently in their own communities -- and that benefits their communities as well as the older persons themselves. Despite their efforts, however, community transportation providers cannot meet the huge and growing need without adequate funding. Transportation that provides access to non-emergency medical care and health services helps older people to have longer lives of higher quality. Without it, they face the risk of shorter lives and institutionalization.

**Barriers:**

**Lack of public awareness is a barrier.**

- Most people learn that Medicare does not cover non-emergency medical care only when they or their parents start receiving Medicare.
- Few realize that adding Medicare coverage of non-emergency medical transportation will *lower* Medicare's costs *not* increase them.

**Proposed Solution(s):**

- A White House Conference on Aging resolution supporting Medicare coverage of non-emergency medical transportation for medically-necessary treatment will be an important step towards a solution.

- Congress should enact an amendment to the Medicare legislation to provide Medicare coverage for non-emergency medical transportation for medically-necessary treatment.

## **Priority Issue #2: Increased Transit Investment with Special Attention to Rural Transportation**

**NOTE:** This is a cross-cutting issue which relates to all Agenda Topics

The vast majority of Americans want to age in place. If they are to continue living independently in their own homes, they will need transportation options to driving. A study by Daniel J. Foley and others published in the *American Journal on Public Health* (August 2002) found that life expectancy for most Americans is greater than driving expectancy: most Americans will live six to nine years when they can no longer drive.

Even when they can still drive, many Americans will want to cut back on driving – on freeways, in bad weather, and at night. Others will be unable to afford a car or because of high fuel costs unable to make any non-essential trips. Some may want to save money by not buying a second car.

Americans are working longer and they will need transportation to work. The eligibility age for full Social Security retirement benefits is increasing by quarter-steps to 67. AARP in *Beyond Fifty: A Report to the Nation on Economic Security* (2001) lists retirement earnings as one of the four pillars of an economically secure retirement. Today's retirees tend to be healthier than earlier generations, so even if they have no economic need to work, they often want to stay active. Many older persons, however, have an economic need to continue working. Transportation options will be vital in getting older Americans to work – as well as to the store, the doctor, and to friends and family.

Today America is ill-prepared to meet the transportation needs of older persons – especially those of residents of rural areas and spread-out suburbs; and these transportation needs are increasing and will continue to increase in the coming decades. As rural population declines, older persons form a larger proportion of those remaining. Approximately 40 percent of rural residents live in areas that lack public transportation and another 20 per cent have only negligible access to transportation. Rural America's 30 million non-drivers include many older persons and persons with disability.

“People aging in spread-out suburbs will soon be facing the transportation challenges that rural Americans already confront: friends and stores are far away and often connected only by car.”  
*Aging Americans: Stranded Without Options*, Linda Bailey, Surface Transportation Policy Board, April 2004

The *Stranded Without Options* study found that older non-drivers are less able to participate in their communities. For example, they make on average 15 percent fewer trips to the doctor and 65 percent fewer trips for social and religious activities than older drivers make.

The majority of older Americans can use regular public transportation. Frail elders, those approximately 85 and older, however, need specialized transportation: curb-to-curb, door-to-door, and door-through-door. Most frail elders also need an escort or attendant for any form of transportation

**Barrier(s):**

**The widespread misperception that older Americans do not use public transportation is a barrier.** (The often-used statistic that only one percent of older Americans use public transportation includes all the areas where there is *no* public transportation.)

**Older Americans do use public transportation when it is available:**

- In rural areas, trips by older persons account for 31 percent of rural transit service, but only 18 percent of the rural population is 60 years old or older. (Based on year 2000 statistics, *Status of Rural Public Transportation 2000*, prepared by CTAA for the Federal Transit Administration, April 2001)
- Public transportation trips by older non-drivers totaled an estimated 310 million in 2001;
  - Older minority populations account for a significant share of these trips, African-Americans and Latinos are more than twice as likely to use public transportation as their white counterparts.

STPP Study, *Stranded Without Options*

**Proposed Solution(s)**

- Substantially increase investment in public transportation systems, especially the Federal Transit Administration's (FTA's) Section 5311 program for rural areas, to expand and improve services to meet the needs of older Americans in metropolitan and rural areas.
- Increase funding for specialized transportation programs that provide mobility for frail older persons, such as FTA's Section 5310 program.

**Priority Issue #3: Legislation to Provide Liability Coverage to Transportation Providers, Especially for Volunteer Drivers**

**NOTE:** This is a cross-cutting issue which relates to: **Agenda Topics III. Our Community; IV. Health and Long Term Living; V. Civic and Social Engagement; and VI. Marketplace.**

Rising insurance costs are forcing providers of transportation, especially specialized transportation for frail and low-income elders, to cut back on services and threatens to drive some out of business. Volunteer drivers and volunteer

escorts are essential elements of specialized transportation for frail elders who need door-to-door or door-through-door service. Much of the service they provide is for medical transportation. Many programs, however, are prevented from using volunteers because adequate liability coverage is unavailable.

**Solution(s):** Federal legislation that will provide liability coverage to providers of transportation for older persons and their volunteer drivers and volunteer escorts.

**Priority Issue #4: Fuel Tax Exemption for Agencies Serving Older Persons**

**NOTE:** This is a cross-cutting issue which relates to: **Agenda Topics III. Our Community; IV. Health and Long Term Living; V. Civic and Social Engagement; and VI. Marketplace.**

The rising cost of fuel is cutting into the services that non-profit agencies are able to provide. Funding from government programs for operating vehicles is at the same levels or has decreased, at the same time the number of older persons needing transportation is increasing. Frequently, these agencies are the only source of transportation for low-income elders in their service area. An exemption from the fuel tax would relieve some of the financial pressure on these agencies, and permit them to concentrate their scarce resources on transportation services to elders.

**Solution:** Legislation that creates an exemption from the fuel tax for non-profit agencies providing transportation for older persons.

**Priority Issue #5: Coordination among Agencies Providing Transportation That Ensures a Single Point of Entry for Consumers**

**NOTE:** This is a cross-cutting issue which relates to: **Agenda Topics III. Our Community; IV. Health and Long Term Living; and VI. Marketplace.**

Navigating a community's transportation options can be complicated for many consumers, especially older persons, their adult children and caregivers as they wrestle with eligibility criteria and access. Agencies providing transportation should be required, as a condition of funding, to provide a single point of entry for their consumers – one phone call to learn what services are available to them and what steps a person needs to take to use the services.

**Solution:** A federal requirement that all funding to agencies providing transportation be conditional on each agency providing a single point of entry for consumers.